

# SLSA BRONZE MEDALLION – FINAL ASSESSOR SIGN-OFF

PUA21004 – Certificate II in Public Safety (Aquatic rescue)

Candidate's name: \_\_\_\_\_ Member No. \_\_\_\_\_

Club: \_\_\_\_\_

Induction	The candidate has undertaken a full induction according to the requirements of the Bronze Medallion Training Manual.	Trainer name and signature:	Induction date:  / / 20
Prerequisite swim	The candidate performed a 400m swim in under nine minutes prior to commencing the Bronze Medallion program.	Trainer name and signature:	200m Swim date:  / / 20  Time:

Assessment Task	Assessment Objective	Assessor's signature/s and assessment date/s	<b>The candidate is assessed as:</b> C = Competent NYC = Not yet Competent
1 - Signals	The candidate can communicate effectively on more than one occasion using standard SLSA non-verbal signals.		
2 – Radio	The candidate can communicate effectively using radio communication equipment in both routine and emergency situations.		
3 – First Aid	The candidate can perform appropriate first aid on more than one occasion.		
4 – Resuscitation	The candidate can provide appropriate and effective resuscitation techniques and demonstrate correct use of equipment on more than one occasion.		
5 – Run-swim-run	The candidate has a level of fitness and physical ability appropriate to perform lifesaving duties.		
6 – Rescues and Carry	The candidate can identify the need for a rescue and perform a rescue and aided carry safely and effectively on more than one occasion.		
7 – Patrol	The candidate can perform safely and effectively as a member of a lifesaving team on more than one occasion.		

<p><b>The candidate has been fully assessed and is eligible to receive the SLSA BRONZE MEDALLION and the CERTIFICATE II IN PUBLIC SAFETY (AQUATIC RESCUE)</b></p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
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Assessor's name: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Date of final Assessment:                    /                    / 20

*IMPORTANT NOTE: The candidate must complete (and if 18 or over, sign) the confirmation on the reverse of this page before this form is submitted. Assessment is not complete until the candidate has completed their confirmation. When assessment is complete this page can then be torn out and forwarded to the appropriate person for processing.*

**CANDIDATE'S CONFIRMATION**

Please complete the following form and, IF 18 OR OVER, sign at the bottom where indicated.

	YES	NO
Please confirm that the following occurred <b>PRIOR</b> to your assessment:		
<ul style="list-style-type: none"> <li>▪ I received a full induction, addressing all of the items in the Bronze Medallion Training Manual checklist.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ I received all of the training required to prepare me for assessment.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ The national qualification for which I am being assessed was explained to me, and I understand the units and qualification I will receive if I am successful.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ I had an opportunity to discuss any special needs I have.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ My rights and responsibilities regarding the training and assessment, including the appeals and complaints processes, were explained to me.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Please confirm that the following occurred <b>AS PART OF</b> the assessment:		
<ul style="list-style-type: none"> <li>▪ Each assessment task was clearly explained to me, and I had a chance to ask questions or seek clarification.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ I was asked questions as part of the assessment that tested my knowledge in the area being assessed.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate's name: _____		
Candidate's signature: _____ (if 18 or over)		Date:        /        /20



**GENERAL INFORMATION**

Name of Facilitator/Trainer \_\_\_\_\_ Date: \_\_\_\_\_

Name of Assessor \_\_\_\_\_

Course: \_\_\_\_\_ Location: \_\_\_\_\_

**GUIDELINES FOR STUDENTS**

The results of this evaluation form will be used to improve the overall quality of our training. Your name is not required.

Based on your experience of the delivery of this course, provide a rating for each of the aspects listed using the following scale:

1 = Not applicable      2 = Strongly disagree      3 = Disagree      4 = Agree      5 = Strongly agree

ASPECTS OF TRAINING	1	2	3	4	5
<b>Administration</b> The course information and outline provided was clear and useful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intellectual Challenge</b> The activities used and materials provided helped me to understand what I needed to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stimulation of interest in subject matter</b> The facilitator was enthusiastic and made the course interesting. They encouraged me to participate in all written and practical activities which helped me to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Assessment</b> I was ready for the assessment activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment activities were clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessor provided positive & constructive feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment was a fair test of my knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Value of course</b> The course provided me with skills and knowledge which I will be able to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Demonstration of concern and respect for students</b> The facilitator showed concern and respect for all participants and their individual learning needs throughout the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall effectiveness of the facilitation</b> The facilitator met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall effectiveness of the course</b> As a result of the training I am now confident that I can perform in this area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add additional feedback and/or comments which could assist in improving our training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your comments**



## COURSE DETAILS

Course Name:

Course Start Date:

## PERSONAL DETAILS

Gender:  Male  Female

Date of Birth (day/month/year):  /  /

Given Names:

Surname:

Surf Club:

Postal Address:

Post Code:

Telephone:

Email:

## GENERAL

1. Do you speak a language other than English at home?

NO (Continue to Q3)

YES – Please specify: \_\_\_\_\_

2. How well do you speak English?

Very well

Well

Not well

Not at all

3. Do you consider yourself to have a disability, impairment or long-term condition that may affect your studies?

NO (Continue to Q5)

YES

4. If YES, please indicate the area of the condition:

Hearing

Vision

Intellectual

Acquired Brain Impairment

Other (please specify):

Medical Condition

Physical

Learning

Mental Illness

5. Do you wish to apply for RPL (Recognition of Prior Learning)?

NO

YES (Please download the RPL Guide for Applicants from [www.surflifesaving.com.au](http://www.surflifesaving.com.au))

## PRIVACY NOTICE

Surf Life Saving NSW (SLSNSW) will use the information provided by you on this enrolment form for the purpose of general participant administration, planning and communication. Information may also be submitted to the Department of Education, Employment & Workplace Relations for research, statistical & internal management purposes only. The information that you provide is collected by Surf Life Saving Australia (SLSA) and it may be shared with other Surf Life Saving organisations for the purposes of fulfilling the Surf Life Saving organisations' objectives. For health and safety purposes, you must provide this information. In supplying the requested information, you have consented to the use of the information for those purposes. Information provided will be held securely. You may access, correct or amend your personal details by contacting SLSNSW [education@surflifesaving.com.au](mailto:education@surflifesaving.com.au) / Fax: (02) 9471 8001 or SLSA [info@slsa.asn.au](mailto:info@slsa.asn.au) / Fax: (02) 9130 8312. Consult the SLSA Privacy Policy for further information.



## Refund Policy

- 1.1 This policy is applicable to paying participants only and does not apply to participants who have received complementary training or Club/Branch funded training.
- 1.2 A full refund of course enrolment fees will be made if a course is cancelled by Surf Life Saving NSW (Training Division) for any reason. This does not include club membership fees.
- 1.3 An application for refund of course fees under any other circumstance must be made in writing to Surf Life Saving NSW (Training Division) or the relevant club/branch.
- 1.4 Where cancellation is made less than five (5) working days prior to the commencement of a course, 50% of the course fees will be charged.
- 1.5 Participants who do not commence the course and do not provide a written refund request inline with 1.3 and 1.4 above, will be charged the full course fees.
- 1.6 Participants who commence the course, but leave the course early and/or do not complete the course will be charged the full course fees.
- 1.7 Refunds will be considered on a pro-rata basis for participants who fall ill or are injured to the extent they can no longer undertake the course, providing a supporting Medical Certificate is supplied to Surf Life Saving NSW (Training Division) or the relevant club/branch.
- 1.8 However, should participants wish to finalise incomplete units of competency in a future course the original fee can be used as a credit towards that course within six months of initial payment.
- 1.9 In all other cases, refunds are at the discretion of Surf Life Saving NSW (Training Division) and may be negotiated on an individual case-by-case basis.
- 1.10 All requests for refunds will be acted upon within 30 days.
- 1.11 Reprinting of certificates may incur a fee.

## Termination

Surf Life Saving NSW reserves the right to expel a participant for serious breach of discipline. Fees will not be refunded.

## DECLARATION

I,..... (print name) apply for the admission to the above listed course and declare that:

- a) I have read, understand and will comply with the Standard Operating Procedures (Training Division) as outlined in the Academy Handbook and Participant Code of Conduct;
- b) I have read, understand and agree to the organisation's Refund Policy;
- c) I have received and understand the information provided regarding prerequisites for this course;
- d) I believe I meet the prerequisites for this course;
- e) The information I have provided is true and correct to the best of my knowledge; and
- f) I understand and accept that the information I provide will be used for the purposes outlined in the Privacy Notice.

**Participant Signature:**

Date:

**Parent/Guardian Signature:**

Date:

(If the participant is under the age of 18 years, this form must be signed by a parent/guardian)